



## **Medical Cannabis Processor License Application**

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## MEDICAL CANNABIS PROCESSOR LICENSE APPLICATION

### **PREFACE – Application Checklist**

Each Applicant must complete the following:

- ☐ 1. Pay the required \$2,000 Application fee.
- ☐ 2. Complete all questions in Part D of the Application.
- ☐ 3. Complete all information in the identified Pass/Fail sections (Parts A, B, and C), including any Letter(s) of Intent (Attachment K) for each employee and contractor identified in Part C.
- ☐ 4. Complete all Yes/No questions with the appropriate responses.
- ☐ 5. Redact all identifying information specified in the *Instructions* document.
- ☐ 6. Include all required Attachments described in the Processor Initiation Form.
- ☐ 7. Ensure that each required affidavit, authorization form, and consent form have the required signature(s).
- ☐ 8. Submit the Application and required attachments in the required PDF format.
- ☐ 9. Label any electronic Application documents with the correct file names.
- ☐ 10. Submit the Application on or before the submission deadline.

## PART A – Applicant Identification and Facility Information

(Scoring Method: Pass/Fail)

### Section 1 – Applicant Name, Address and Contact Information

#### Business Name and Principal Address

<b>Business Name</b>		
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

#### Primary Contact

The Primary Contact to provide information, sign documents, and ensure actions are compliant with COMAR 10.62.

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Phone:</b>	
<b>Email:</b>		

### Section 2 – Facility Information

By checking “Yes,” you affirm that you possess the ability to obtain in an expeditious manner the right to use sufficient land, buildings, and other premises and equipment to properly carry on the activity described in the medical cannabis processor license Application.

☐ Yes

☐ No

#### PROPOSED PROCESSOR LOCATION

Please indicate the location where the Applicant intends to locate the processor facility.

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Municipality:</b>	
<input type="checkbox"/> Owned by the Applicant <input type="checkbox"/> Leased by the Applicant <input type="checkbox"/> Option for the Applicant to Buy/Lease		

## PART B –Owners, Equity Investors, and Managing Directors

(Scoring Method: Pass/Fail)

**FOR THIS PART THE APPLICANT IS REQUIRED TO PROVIDE CONTACT INFORMATION FOR ANY OWNER, EQUITY INVESTOR, AND MANAGING DIRECTOR.**

**Please list all Owners, Equity Investors, and Managing Directors**

Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			

City:		State:		Zip Code:	
Phone:		Email:			
Percentage of ownership interest:					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
Name and Residential Address					
First:		Middle Initial:		Last: Suffix:	
Occupation:			Title in Applicant's business:		
Address:			Date of Birth:		
City:		State:		Zip Code:	
Phone:		Email:			
Percentage of ownership interest:					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
Name and Residential Address					
First:		Middle Initial:		Last: Suffix:	
Occupation:			Title in Applicant's business:		
Address:			Date of Birth:		
City:		State:		Zip Code:	
Phone:		Email:			
Percentage of ownership interest:					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
Name and Residential Address					
First:		Middle Initial:		Last: Suffix:	
Occupation:			Title in Applicant's business:		
Address:			Date of Birth:		
City:		State:		Zip Code:	
Phone:		Email:			
Percentage of ownership interest:					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					

**Important:** If more space is required, please submit the required information described above on any additional individual(s) in a separate document entitled "Principal Owners, Equity Investors, and Managing Directors (Cont'd)."

## PART C – Employees and Contractors

(Scoring Method: Pass/Fail)

Please provide the following information for any employees and contractors that the Applicant intends to hire or has hired prior to licensure. Each Applicant must also provide a Letter of Intent (Attachment K) for each employee and contractor who intends to work for the Applicant if the Applicant becomes licensed. **Important:** An employee or a contractor may commit to working for only one processor Applicant as part of this licensing Application process.

**Please list all Employees and Contractors**

Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:			
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in the Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in the Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		

If more space is required, please submit the required information as described above on any additional individual(s) in a separate document entitled "Employees and Contractors (Cont'd)."

## PART D – Application

**Important: All responses in Part D may not include the following identifying information:**

1. The Applicant's name;
2. The Applicants Business/Organization name;
3. The name of any owner, investor, managing director, agent, employee, contractor, or consultant; or
4. The name of any corporate parent, subsidiary, and affiliate.

**The Commission shall deny or disqualify any Application that includes any of the above identifying information in Part D.**

### I. Operational Factors

(Scoring: 20 points)

1. **Operational Plan** (14 points) (*Answer may not exceed 15,000 characters*)

Please provide:

- (a) A detailed operational plan for the production of medical cannabis extracts and medical cannabis infused products, including summaries of policies and procedures for:
  - (i) Laboratory operations;
  - (ii) Processing; and
  - (iii) Packaging.
- (b) A list of proposed medical cannabis extracts and medical cannabis-infused products proposed to be produced with proposed cannabinoid profiles, including:
  - (i) Varieties with high cannabidiol content; and
  - (ii) Whether the product has any demonstrated success in alleviating symptoms of specific diseases and conditions.

Please complete the question using the text box on the next page (Page 9).





2. **Equipment** (2 points) (*Answer may not exceed 6,000 characters*)

Please describe how the processor Applicant, as part of its standard operating procedures, will provide for maintaining the sanitation of equipment that comes in contact with medical cannabis.

3. **Receipt and Shipping** (2 points) (*Answer may not exceed 6,000 characters*)

Please describe how the processor Applicant will:

- (a) Comply with all the medical cannabis shipping and receiving requirements codified in COMAR 10.62.22.03; and
- (b) Transport medical cannabis and medical cannabis products in conformity with the transportation requirements established in COMAR 10.62.18.

4. **Sanitary Storage** (2 points) (*Answer may not exceed 6,000 characters*)

Please describe how the processor Applicant, as part of its standard operating procedures, will:

- (a) Provide for maintaining the cleanliness of any building or equipment used to store or display medical cannabis;
- (b) Maintain the cannabis free from contamination;
- (c) Require a processor agent to report any personal health condition that might compromise the cleanliness or quality of the medical cannabis the processor agent might handle; and
- (d) Provide for disposal and aggregated storage of any medical cannabis that is outdated, damaged, deteriorated, misbranded, or adulterated or whose containers or packages have been improperly or accidentally opened.

## **II. Safety and Security Factors**

(Scoring: 20 points)

### **1. Security Features and Procedures (3 points)**

*(Answer may not exceed 10,000 characters)*

Please describe how the processor Applicant will secure the premises to comply with all legal requirements established in COMAR 10.62.21 to prevent unauthorized entry, theft and diversion, including:

- (a) Construction of the premises in a manner that prevents unauthorized entry;
- (b) A security alarm system;
- (c) A motion-activated video surveillance recording system;
- (d) Adequate security lighting; and
- (e) Storage of all recordings of security video surveillance.

2. **Safety and Security Training** (3 points) (*Answer may not exceed 6,000 characters*)

Please explain how the processor Applicant will:

- (a) Train all registered processor agents on:
  - (i) Standard operating procedures;
  - (ii) Detection and prevention of medical cannabis diversion;
  - (iii) Security procedures; and
  - (iv) Safety procedures, including responding to (1) a medical emergency, (2) a fire, (3) a chemical spill, and (4) a threatening event such as an armed robbery, an invasion of the premises, a burglary, or any other criminal incident; and
- (b) Retain training materials and attendance records and make the training materials available for inspection by the Commission.

3. **Premises Accessibility** (3 points) (*Answer may not exceed 2,000 characters*)

Please describe how the processor Applicant will restrict and monitor access to any non-public area of the premises, including to:

- (a) Log any visitor in and out;
- (b) Retain with the log a photocopy of the visitor's government-issued identification;
- (c) Ensure the visitor does not touch any medical cannabis plant or medical cannabis;  
and
- (d) Maintain a log of all visitors to non-public areas for two years.

4. **Diversion Prevention** (3 points) (*Answer may not exceed 3,000 characters*)

Please provide a summary of (1) the procedures that the processor Applicant will implement at the proposed processor premises to prevent the unlawful diversion of medical cannabis, medical cannabis concentrate, and medical cannabis-infused products, and (2) the investigative and reporting process if evidence of theft or diversion is identified.



**5. Processing Control for Medical Cannabis Concentrates and Medical Cannabis-Infused Products** (3 points) (*Answer may not exceed 8,000 characters*)

Please describe how the processor Applicant will comply with all legal requirements in COMAR 10.62.23.02 concerning the processing of medical cannabis concentrates and medical cannabis-infused products.

**6. Independent Testing Laboratory Selection and Responsibility (2.5 points)**

*(Answer may not exceed 3,000 characters)*

Please describe how, upon successful validation of the production process, the processor Applicant will use an independent testing laboratory that is approved by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement to:

- (a) Test medical cannabis and medical cannabis concentrate;
- (b) Obtain and analyze samples according to a statistically valid sampling method for each lot;
- (c) Ensure that the independent testing laboratory, in the event of a test which falls out of specification, will follow their standard operating procedure to confirm or refute the original result; and
- (d) Destroy the remains of the sample of medical cannabis after analysis is completed.

**7. Independent Laboratory Certificate of Analysis & Lot Release (2.5 points)**

*(Answer may not exceed 6,000 characters)*

- (a) Please describe how, if a processor Applicant, upon review of the certificate of analysis, determines that a lot meets the specification for the product, the Applicant could:
  - (i) Assign an expiration date to the lot;
  - (ii) Release the lot for distribution;
  - (iii) Revise the status of the lot in inventory control.
- (b) Please describe how, if a processor Applicant receives test results that the lot does not meet specifications:
  - (i) The Applicant could rework or reprocess the lot according to the Applicant's standard operating procedure; and
  - (ii) How the reworked or reprocessed lot will be sampled and retested by the independent laboratory to meet all required specifications.
- (c) Please describe how the Applicant will retain every certificate of analysis.
- (d) Please describe how the Applicant will provide a sample from each released lot to an independent testing laboratory sufficient to perform stability testing at 6-month intervals and provide for follow-up testing, if necessary.

### **III. Commercial laboratory, Pharmaceutical Manufacturing, and Consumer Products Production Factors**

(Scoring: 15 points)

**1. Laboratory, Pharmaceutical Manufacturing and Consumer Products Experience and Knowledge** (10 points) *(Answer may not exceed 15,000 characters)*

Please describe any experience, knowledge and training of the processor Applicant, including any owner, officer, director, employee or contractor, in (1) chemical plant management, (2) pharmaceutical manufacturing, and (3) consumer product production. **Important:** Applicants may attach a redacted CV/résumé for any owner, officer, director, employee, or contractor with commercial laboratory, pharmaceutical manufacturing, and consumer products production experience, knowledge, and training.

**2. Laboratory, Pharmaceutical Manufacturing, and Consumer Products Training**  
(5 points) *(Answer may not exceed 5,000 characters)*

Please describe how the processor Applicant will ensure that each individual engaged in the transformation of medical cannabis into another product or extract and the packaging and labelling of medical cannabis has the training, education, and experience necessary to perform the assigned functions.

#### **IV. Production Control Factors**

(Scoring: 15 points)

**1. Quality Control** (6 points) (*Answer may not exceed 8,000 characters*)

- (a) Please describe the written standard operating procedures to receive, review, organize, store, and respond to all oral, written, electronic, or other complaints regarding medical cannabis and adverse events.
- (b) In the event that of a serious adverse event, please describe how the processor Applicant will promptly:
  - (i) Determine the batch number or lot number of the medical cannabis, medical cannabis finished product, and medical cannabis concentrate that is the subject of the complaint;
  - (ii) Investigate the record and circumstances of the production of the batch and lot to determine if (1) there was a deviation from the standard operating procedure in the production of the medical cannabis, and (2) the sample meets specification by submitting parts of the retention samples of the batch and lot to an independent testing laboratory;
  - (iii) Order a recall of all products derived from or included in the batch or lot;
  - (iv) Notify the Commission, and all patients, caregivers, and dispensaries who may have obtained medical cannabis products from such a batch or lot of the recall;
  - (v) Offer and pay reimbursement for any returned medical cannabis;
  - (vi) Store and segregate recalled material until disposal is authorized by the Commission; and
  - (vii) Dispose of the recalled material according to the standard operating procedure.

Please complete the question using the text box on the next page (Page 23).



**2. Inventory Control (6 points)** (*Answer may not exceed 6,000 characters*)

- (a) Please describe the written standard operating procedures to:
- (i) Manage the receipt, processing, storage, packaging, labeling, handling, tracking, and shipping of products containing cannabis and medical cannabis waste;
  - (ii) Create and use a perpetual inventory control system that identifies and tracks the licensee's stock of medical cannabis from the time it is delivered or produced to the time it is delivered to another licensee, or a qualifying patient or caregiver;
  - (iii) Train each registered processor agent in the standard operating procedure and retain attendance records; and
  - (iv) Ensure that a copy of the standard operating procedure will be readily available on site for inspection by the Commission.
- (b) Please describe the standard operating procedure to ensure that all items are individually packaged at the original point of processing and will conform to all of the packaging requirements under COMAR 10.62.24.01



3. **Waste Disposal** (3 points) (*Answer may not exceed 3,000 characters*)

Please provide a detailed medical cannabis waste disposal plan that includes a description of the management and disposal of any waste products, including green waste.

## **V. Business and Economic Factors**

(Scoring: 15 points)

1. **Business History** (2.5 points) (*Answer may not exceed 10,000 characters*)

Please describe the business history and ability of the processor Applicant, including any owner, officer, director, employee, or contractor to plan and maintain a successful and financially sustainable medical cannabis processor operation. **Important:** Applicant may upload a redacted CV/résumé for any owner, officer, director, employee, or contractor to supplement the response.

2. **Business Plan** (10 points) (*Answer may not exceed 15,000 characters*)

Please provide a business plan that describes how the processor Applicant plans to operate on a long-term basis. The business plan should include:

- (a) A description of the proposed premises, including a preliminary site plan or plan for obtaining a site.
- (b) A description of the size and scope of the processor facility (desired square footage, number of employees to be hired);
- (c) The budget and resource narratives, including detailed costs for physical structures and operating expenses;
- (d) A timeline for initiating operations;
- (e) A description of the plan to ensure appropriate employee working conditions, benefits and training;
- (f) Any other information or documentation demonstrating the ability of the processor Applicant to quickly and successfully enter the market; and
- (g) A description of how the processor Applicant intends to create a long-term sustainable business model.

Please complete the question using the text box on the next page (Page 28).



3. **Capitalization** (2.5 points) (*Answer may not exceed 3,000 characters*)

Please certify and provide adequate documentation of sources of capitalization to demonstrate to the Commission that the entity or individual(s) filing the Application has sufficient liquid assets to successfully carry out the activities described in this Application. The Commission requires evidence that an owner/investor has sources of capitalization founded on legal sources that are adequate to sustain business operations. If an Applicant is a newly formed entity, it is still required to demonstrate proof of adequate capitalization. Capitalization that is contingent upon the award of a Pre-Approval could be a documented source of capitalization.

Examples of documentation of capitalization include the following: (1) Personal tax returns for the past five years; (2) Tax returns for any business in which the owner/investor holds a majority interest for the past five years; (3) An independent financial statement; (4) Credit history; (5) Lines of credit; (6) Promissory notes; (7) Deeds, appraisals, and equity in real estate; and (8) Bank statements.

**Important:** Applicant shall upload documentation of sources of capitalization.

## **VI. Diversity & Social and Economic Equity Factors**

(Scoring Method: 15 points)

Applicants seeking to qualify as Disadvantaged Equity Applicants, Members of the Most Disadvantaged Groups in the Medical Cannabis Industry, and Economically Disadvantaged Applicants have the burden of proving membership in a disadvantaged group and/or ownership interest.

Bona fide status as a member of a minority group can be established on the basis of the individual's claim that he or she is a member of such a group through an affidavit. However, the Commission is not required to accept this claim if it determines the claim to be invalid based on the totality of the evidence.

In determining ownership interest, all the facts in the record will be considered as a whole, including the origin of all assets and how and when they were used in obtaining the business. All transactions for the establishment and ownership must be in the normal course of business, reflecting commercial and arm's-length practices.

The ownership interest, including the contribution of capital or expertise to acquire the ownership interest must be real, substantial, and continuing, going beyond pro forma ownership of the business as reflected in the ownership documents. Proof of contribution of capital must be submitted at the time of the Application.

Please see the *General Instructions* document for additional information and examples of sufficient and insufficient ownership interests.

**SPACE INTENTIONALLY LEFT BLANK**

## 1. Diversity Plan (5 points)

In accordance with COMAR 10.62.19.04I(6)(a), an Applicant shall include with its Application a Diversity Plan that promotes and ensures the involvement of diverse participants and groups in ownership, management, employment, and contracting opportunities. Diverse participants include individuals from diverse racial, ethnic, and cultural backgrounds and communities, small businesses, women, veterans, and individuals with disabilities. Diverse groups include businesses that have been certified by a third-party certifying organization as a disadvantaged business; minority-owned business; woman-owned business; service-disabled veteran-owned small business; or veteran-owned small business. The Commission will determine whether the stated goals in the Diversity Plan are reasonable and represent a good faith effort to meet the goals.

### DIVERSITY PLAN – EQUAL OPPORTUNITY AND ACCESS IN EMPLOYMENT

In narrative form, please provide a detailed written plan, including objectives, timetables, and evaluation metrics, that describes the steps the Applicant will take to ensure that the business will promote meaningful inclusion of diverse participants in ownership, management, employment, and contracting to ensure that the participants are afforded equality of opportunity. To the extent available, include the following:

1. The diversity status of each owner, investor, employee, and contractor;
2. Strategies for obtaining a diverse group of owners, investors, employees, including executive and managerial positions, and contractors;
3. Internal diversity goals adopted by the Applicant;
4. A plan for diversity-related outreach or events the Applicant will conduct to support its diversity goals in ownership, investment, management, employment, and contracting;
5. Proposed timelines and benchmarks for achieving the diversity goals outlined in the plan; and
6. Any other information that demonstrates the Applicant's commitment to ownership, investment, management, employment, and contracting diversity.

**Important:** Please refer to the *Guidance for Diversity and Socioeconomic Equity Questions* for guidelines on the Diversity Plan.

By checking "Yes," the Applicant affirms that it has a Diversity Plan that establishes a goal of opportunity and access in employment and contracting by the Applicant organization. The Applicant also affirms that it will make a good faith effort to meet the diversity goals outlined in the Diversity Plan. Changes to the Diversity Plan must be approved by the Commission.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking "Yes," the Applicant agrees to report participation level and involvement of diverse participants and groups in the form and frequency required by the Commission, and to provide any other information the Commission considers appropriate regarding ownership, management, employment, and contracting opportunities by diverse participants and groups.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Diversity Plan may not exceed 15,000 characters.



**2. Disadvantaged Equity Applicant/Members of the Most Disadvantaged Groups in the Medical Cannabis Industry (5 Points)**

---

**Part I (3 points)**

- |  |   |
|--|---|
| <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are Disadvantaged Equity Applicants as defined in COMAR 10.62.01.01B(10); and</p> <p>(ii) If “no”, please check whether the Applicant made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants.</p>  | <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |
| <p>(b) Each Applicant who responds “yes” to Part I(a)(i) above shall submit documentation demonstrating that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Member(s) of a qualifying minority group (Attachment B – Affidavit of Certification of Disadvantaged Equity Applicant Status); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C –Personal Net Worth Statement OR proof of certification as disadvantaged owner of an MBE).</p>           |   |
| <p>(c) Each Applicant who responds “yes” to Part I(a)(ii) for having made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p> |   |

**Part II (2 points)**

- |   |   |   |
|---|---|---|
| <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p> <p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have at least 51 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> |
| <p>(b) Each Applicant who responds “yes” to Part II(a)(i) above shall submit documentation that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry); and</p>  |   |   |

<p>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</p> <p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part II(a)(ii)) to have at least 51 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p>		
<p><b>Part III (1 point)</b></p>		
<p>(a) (i) Please check “yes” or “no” whether the Applicant has between 25 percent and 50 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have between 25 and 50 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>(b) Each Applicant who responds “yes” to Part III (a)(i) above shall submit documentation that at least 25 percent and not more than 50 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</p>		
<p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part III(a)(ii)) to have at least 25 percent and not more than 50 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p>		

### 3. Economically Disadvantaged Applicant (5 Points)

(a) Please check “yes” or “no” for each of the of the following criteria:		
(i) At least 51 percent of its ownership interest is held by one or more individuals who have lived in an economically disadvantaged area for at least 5 of the preceding 10 years;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A majority of the current employees live in an economically disadvantaged area;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A majority of the current contractors live in an economically disadvantaged area;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iv) At least 51 percent of its ownership interest is held by one or more individuals who are a member of a household that earns no more than 80 percent of the State median income;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(v) The Applicant has significant past experiences in or business practices that promote economic development and empowerment in economically disadvantaged areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If the Applicant responded “yes” to three or more of the criteria set forth immediately above, please provide supporting documentation as described by the Economically Disadvantaged Applicant guidelines provided in the <i>Guidance for Diversity and Socioeconomic Equity Questions</i> document.		
Each Applicant who responded “yes” to three or more of the criteria will score points in accordance with the Scoring Methodology section for Economically Disadvantaged Applicants as described in the <i>General Instructions</i> document.		

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## **AFFIRMATION SECTION**

The undersigned attests that the processor Applicant will adhere to the statutory/regulatory requirements established in Health-General Article, Title 13, Subtitle 33, Annotated Code of Maryland, and the Code of Maryland Regulations, Title 10, Subtitle 62, and that the signatory has the authority to bind the processor Applicant to the statutory and regulatory requirements.

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Signature

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Date

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Printed Name

## APPLICATION FEE

The Applicant **must submit a two thousand dollar (\$2,000) nonrefundable Stage One Application fee**. Payment must be received by the Commission prior to the Application deadline. For further information about Application and license fees refer to the Fee Schedule in COMAR 10.62.35.

The Applicant may submit payment via **cashier's check or money order** made payable to "MMCC" or "Maryland Medical Cannabis Commission." The cashier's check or money order may be mailed, or hand delivered to the Commission offices at:

Maryland Medical Cannabis Commission  
849 International Drive, 4<sup>th</sup> Floor  
Linthicum, MD 21090

- ☐ By checking the box the Applicant affirms that payment of a \$2,000, nonrefundable Stage One Application Fee is due via cashier's check or money order to the Maryland Medical Cannabis Commission prior to the Application deadline. Failure to submit timely payment will result in the disqualification of the Application.

**END OF APPLICATION**